IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-3305 MOORESVILLE 704-664-5281

$50

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 065 & 76 PIN# 4625-94-1684 PT 4625-29-3451 DATE 3/1/02

OWNER OR CONTRACTOR Bill Whitley PHONE: Business _____ Home 704-567-1700

ADDRESS PO Box 475 Harrisburg NC 28075

LOCATION Brawley Sch, TR Bay Harbor, TR Shipyard, TL Cedar Bluff, TL Tranquil Cove 108 Tranquil Cove Ln.

SUBDIVISION Harbour BLOCK / SECTION 6 LOT 42 LOT AREA 0.97 AC SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 794 Date 10/11/02

Pump Tank: 1000 Gallons; PT 283 Date 10/15/02

Pump Make: Myers Model ~~AMJ52-HP~~ Serial No: 2288D901

Nitrification Field: No Fields 1 Square Feet 200 Linear Feet 400

No Lines 6@67' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair System Type: I, II, (III) IV, V, VI

System Description: Pump 25% Reduction

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3½

☐ Business No. Employees ____

☐ Other ____

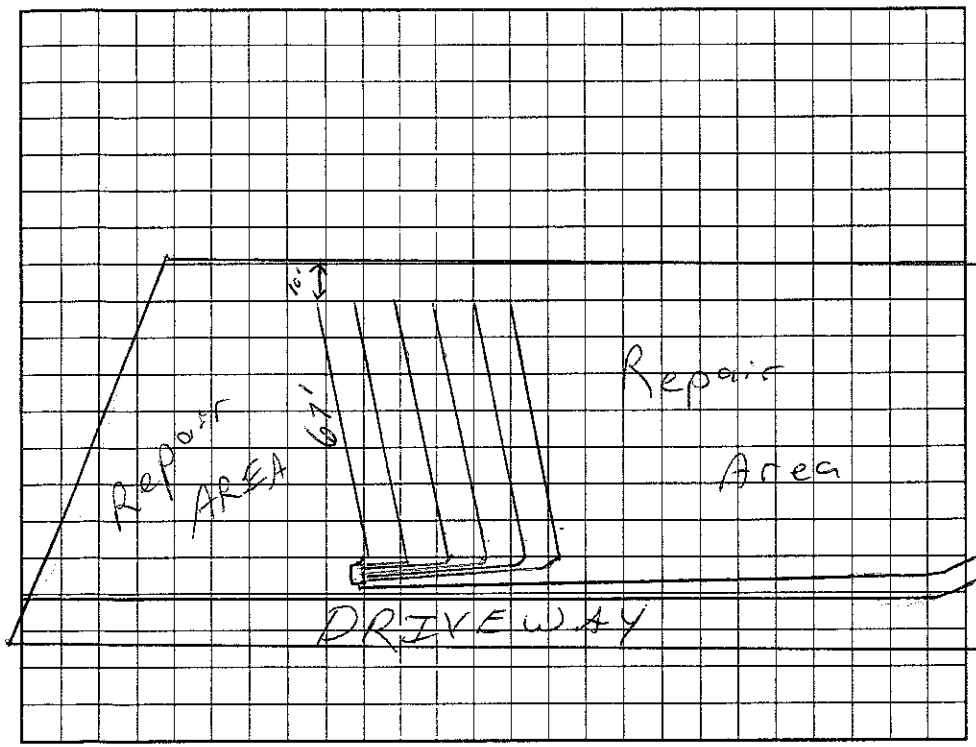
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☒ Community

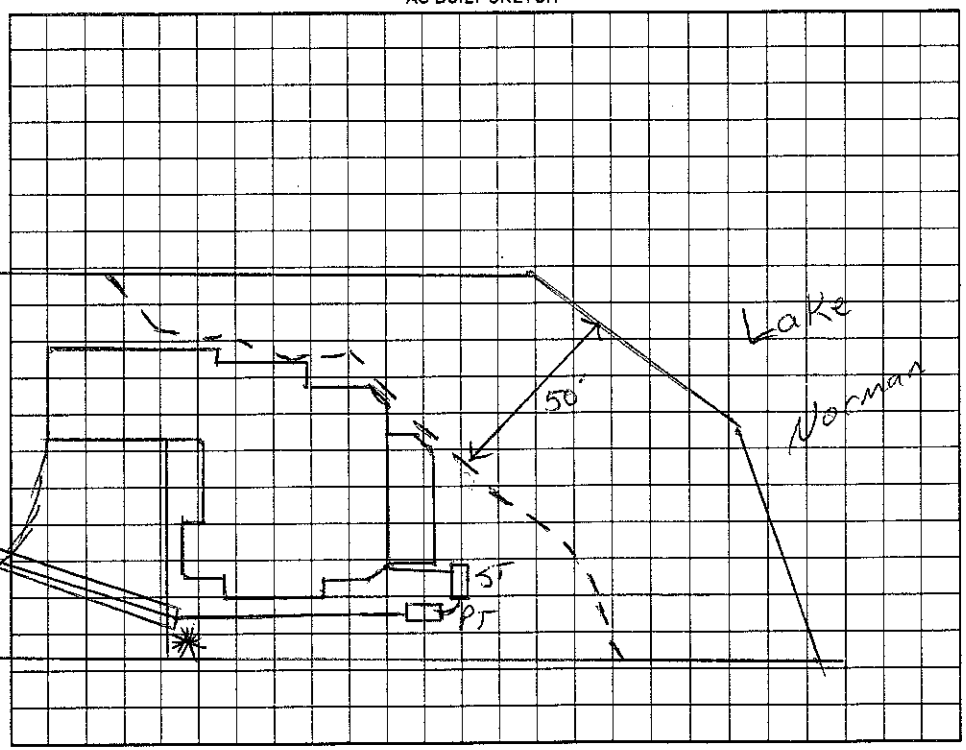
Comments/Conditions: * Supply Line must be Sleeved under Drive Way WE 50

Comments/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: _____ date _____

Improvement Permit by: _____ date 3/1/02

Authorization to Construct by: _____ date 3/1/02

Installed by: Curt Dugding

Operation Permit by: Wesley Sparks RS. date 1/21/03

Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK